

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                        |                                                                                                                                                                |                                                                                                                                                         |                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>GLCF, INC.</b>                                                                                                                                                                                                                                                                                                            |  |                                                                                                        | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00853861</div>                      |                                                                                                                                                         |                                                                                                                                                             |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                          |  |                                                                                                        |                                                                                                                                                                |                                                                                                                                                         |                                                                                                                                                             |
| Full Name of Payee<br>Majority Strategies LLC                                                                                                                                                                                                                                                                                                               |  |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>06 / 21 / 2024 |                                                                                                                                                         |                                                                                                                                                             |
| Mailing Address PO BOX 679219                                                                                                                                                                                                                                                                                                                               |  |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">3875.00</div>                                                             |                                                                                                                                                         |                                                                                                                                                             |
| City<br>Dallas                                                                                                                                                                                                                                                                                                                                              |  | State<br>TX                                                                                            | Zip Code<br>75267                                                                                                                                              |                                                                                                                                                         | <b>Transaction ID : SE.4217</b>                                                                                                                             |
| Purpose of Expenditure<br>Text Messaging                                                                                                                                                                                                                                                                                                                    |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                | Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>06 / 19 / 2024 |                                                                                                                                                             |
| Name of Federal Candidate<br>ROGERS, MICHAEL J, ,                                                                                                                                                                                                                                                                                                           |  |                                                                                                        | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                 |                                                                                                                                                         | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MI |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2677098.50</div>                                                                                                                                                                                                         |  |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                   |                                                                                                                                                         |                                                                                                                                                             |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                   |                                                                                                                                                         |                                                                                                                                                             |
| Mailing Address                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                    |                                                                                                                                                         |                                                                                                                                                             |
| City                                                                                                                                                                                                                                                                                                                                                        |  | State                                                                                                  | Zip Code                                                                                                                                                       |                                                                                                                                                         | Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                       |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                      |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>    |                                                                                                                                                                |                                                                                                                                                         |                                                                                                                                                             |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                        | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                            |                                                                                                                                                         | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____      |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                                   |  |                                                                                                        | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                              |                                                                                                                                                         |                                                                                                                                                             |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                             |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3875.00</div>                                                                       |                                                                                                                                                         |                                                                                                                                                             |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                          |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                              |                                                                                                                                                         |                                                                                                                                                             |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                            |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3875.00</div>                                                                       |                                                                                                                                                         |                                                                                                                                                             |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                        |                                                                                                                                                                |                                                                                                                                                         |                                                                                                                                                             |
| Signature<br><br>Reid, Katie, , ,                                                                                                                                                                                                                                                                                                                           |  |                                                                                                        | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>06 / 23 / 2024                                         |                                                                                                                                                         |                                                                                                                                                             |